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QUARTERLY REPORT OF ACTIVITIES

January 1st, 2017 - March 31st, 2017



Neema

USAID Health Program Senegal 2016-2021

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ABBREVIATIONS AND ACRONYMS

ACMU	Agency for Universal Health Coverage	CHW	Community Health Worker
ACPP	Community Actors for Promotion and Prevention	ICP	Interpersonal Communication
ACS	Community Health Actors	CL	Local collectives
ADEMAS	Agency for Development of Social Marketing	CLM	Disease Control Unit
AMS	Association of Senegalese Mayors	CLVF	Gender based Violence Committee
ANCS	National Alliance against Aids	CNLS	National Office in the Fight Against AIDS
AOR	<i>Agreement Officer Representative</i>	COP	Chief of Party
ARD	Regional Development Agency	CSC	Community Health Unit
AWA	Association of Sex Professionals	CVAC	Community Watch Committee
AYSRH	Adolescent and Youth Sexual and Reproductive Health	DAN	Division of Food and Nutrition
BG	<i>Bajenu Gox</i>	DCMS	Division of School Health Inspection
BR	Regional Offices	DCOP	Deputy Chief of Party
BPTV	Office of Prevention of Trauma and Violence	DGS	Directorate General of Health Services
BREIPS	Regional Bureau of Health Education and Information Service	DLSI	Division for the Fight against Aids and Infections
CAA	Center Advice Ado	DPRS	Direction for Planning, Research and Statistics
CCM	Multi-sectoral Coordination Committee	DRH	Human Resources Direction
CCP	Center for Communication Programs	DIPEC	Démarche intégrée de soins (DIPEC.Com)/Integrated Care Approach (DIPEC.com)
CBO	Community-Based Organization	DSDOM	Home-Based Care Provider
		DSISS	Division of the Health and Social Information

DSR/SE	Department of Reproductive Health and Child Survival	MSI	Marie Stopes International
ECD	District Medical Team	MSM	Men who have Sex with Men
ECR	Regional Medical Team	OICIM	Offre Initiale de Contraceptif Injectable en Sous Cutanee
FGM	Female Genital Mutilation	PECADOM	Home-Based Care for Malaria
FP	Family Planning	PMP	Performance Monitoring Plan
GATPA	Active Management for the Third Stage of Delivery	PNA	National Procurement Pharmacy
GRP	Regional Program Manager	PNC	Postnatal Care
GBV	Gender-Based Violence	NMCP	National Malaria Control Program
GoTAP	Government Technical Assistance Provider	PNQ	National Quality Program
GTT	Technical Working Group	PPH	Post-Partum Hemorrhage
HKI	Helen Keller International	PSP	Policies, Standards, and Protocols
IME	Medical Inspection Academy	RB	Regional Bureau/Office
ISBC	Systematic Identification of Client Needs	RM	Medical Region
HD	Health District	RMNCAH	Reproductive, Maternal, Newborn, Child, and Adolescent/Youth Health
HSS+	Health Systems Strengthening Plus	RSJ	Reseau Siggil Jigeen
HIV	Human Immunodeficiency Syndrome	RSS	Health Systems Strengthening
IDU	Injection Drug User	SAFI	Itinerant Midwife
IME	School Health Inspectorate	SAMU	Urgent Medical Assistance Service
JHU/CCP	John Hopkins University-Center for Communication Programs (JHU-CCP)	SBCC	Social and Behavior Change Communication
MERL&L	Monitoring & Evaluation, Research, and Learning	SG	Secretary General
MNCH	Maternal, Newborn, and Child Health	SDP	Service Delivery Point
MSAS	Ministry of Health and Social Action		

SIFPO Supporting International
Family Planning Organizations

SNEIPS National Education and
Health Information Service

SPEC Strategy to Ensure
Sustainable Management of Huts

STD Sexually Transmitted
Disease

UNICEF
Children

VADI Integrated Home Visit

VCT Voluntary Counseling and
Testing

United Nations Fund for

1. PROJECT OVERVIEW

1.1. SUMMARY TABLE

Project name:	Neema Integrated Service Delivery and Healthy Behaviors (ISD-HB)
Project Dates:	September 1, 2016–August 31, 2021
Name of Implementing Partner:	IntraHealth International
Cooperative Agreement No.:	AID-685-A-16-00004
Agreement Officer Representative (AOR):	Ms. Ramatoulaye Dioume Guisse
Name of Subcontractors or Consortium Members:	Alliance Nationale de Lutte Contre le Sida (National Alliance Against AIDS; ANCS) ChildFund Helen Keller International (HKI) ideas 42 Johns Hopkins University-Center for Communication Programs (JHU-CCP) Marie Stopes International (MSI) Réseau Siggil Jigéen (RSJ)
Geographic coverage (by regions):	USAID Health Program Concentration Regions: Diourbel – Kédougou – Kolda – Matam – Saint Louis – Sédhiou – Tambacounda Additional regions with AIDS hot spots: Dakar, Mbour, Ziguinchor
Reporting period:	October 1, 2016–December 31, 2016

2. EXECUTIVE SUMMARY OF QUARTER REPORT

This report presents key achievements reported for Neema project implementation from January to March 2017. These key achievements primarily revolve around these activities:

- Finalization of Tutorat 3.0 tools with stakeholders within the MSAS
- Delivery of FP services to 5290 new users through FP integration into immunization services and mobile teams
- Capacity building for about 178 providers on high-impact practices
- Verification of the functionality of 54% of health huts and community sites in intervention areas
- Implementation of an institutional diagnosis of the SNEIPS and BREIPSs using the PROGRES tool
- Dialogue sessions held to define selection criteria for model providers
- 3 Regional Bureaus fully staffed and up and running for all regions except the HIV technical advisor in the Kolda RB
- Integrated supervision of 33% of health posts and health centers (or 180) and 25% of health huts (or 211)

Despite these achievements, the project faced coordination challenges between the medical regions and MSAS central level as well as those related to the Senegalese Physicians Union's boycott of all activities funded by the G50 in some regions.

3. ACHIEVEMENTS THIS QUARTER

3.1. PROGRESS ON CHALLENGES IDENTIFIED LAST QUARTER

The main challenge identified last quarter was the integration of project activities into AWP for medical regions and health districts. The project held operational planning workshops for project activities in each region to overcome this challenge. These workshops helped incorporate planned activities into the medical region and health district AWP.

3.2. ACHIEVEMENTS THIS QUARTER BY SUB-OBJECTIVE

MAIN ACHIEVEMENTS

OBJECTIVE 1: INCREASED ACCESS TO AND UTILIZATION OF QUALITY HEALTH SERVICES AND PRODUCTS IN THE PUBLIC SECTOR

SUB-OBJECTIVE 1.1: INCREASED COVERAGE AND UTILIZATION OF EVIDENCE-BASED, SUSTAINABLE, HIGH-IMPACT INTERVENTIONS IN HOUSEHOLDS AND HEALTH FACILITIES

Scale-up of a package of high-impact MNCH practices in SDPs based on lessons learned

Implementation of Tutorat 3.0: As part of Tutorat 3.0 implementation, a five-day workshop was held in Thiès with ECR members from six medical regions and staff from project Regional Bureaus and from services and programs at the central level (DSISS, AYRH, Community Health Unit, and Gender) to revise TutoratPlus implementation tools and adapt them to Tutorat 3.0. Tambacounda was the only medical region that did not send representatives.

Following group work, the tools (booklets, manuals, guides, and reports) were revised using feedback from plenary and discussion sessions. During this workshop, the team prepared modules for Tutorat implementation at the community level (health huts and sites). They also prepared a draft module on gender.

Modules for the implementation of the “management of community health activities” package are being prepared. Content for this component will be in a specific package with five modules: (a) documentary resources for planning and coordination of community health activities; (b) supervision of community health activities; (c) strategy to ensure coaching is sustained in health huts (SPEC); (d) getting a health hut or site up and running; and (e) introducing a new community health service.

Basic materials are being finalized along with other implementation tools: coaching report, checklists, and mapping documents specific to each health post.

Two orientation sessions for ECRs, ECDs, local officials, and health committee members on Tutorat 3.0 were held in Sédhiou and Diourbel regions. These sessions were attended by 31 ECR/ECD members, 6 mayors, and 3 health committee presidents from districts in Sédhiou, while in Diourbel, 33 ECR/ECD members, 4 mayors, 4 health committee presidents, and 5 CBO members attended.

An overview of the Neema project was presented, followed by the approach's implementation steps and process, actors' roles and responsibilities, and the sub-grant contract and deliverables.

The other regions did not organize the activity during this quarter due to scheduling conflicts.

Nutrition: The project partnered with the Division of Child Survival to hold a meeting to validate the selection of the two regions—Kédougou and Matam—for routine vitamin A supplementation activities. Subsequently, action plans for the Matam region were shared and validated. For Kédougou region, the project supported an orientation workshop for ECRs and ECDs on routine vitamin A supplementation and how to prepare action plans for implementation.

Malaria control: Two planning meetings were held with the NMCP to identify key priorities for interventions. Thus, it was decided that the project would fill gaps in four regions in the south in these areas:

- Case management: provider training on new guidelines
- Support to extend PECADOM through a broader package and wider geographic coverage of the strategy
- Prevention: support to develop action plans to increase IPT coverage in 12 priority districts
- Communication: support for the baseline qualitative and quantitative behavior study to develop regional communication plans

Family planning: Diourbel, Kolda, Sédhiou, and Tambacounda regions launched activities to integrate FP into vaccination sessions to enroll new users in 133 SDPs. This integration resulted in enrolling 2352 new users of FP methods, with an 18% average enrollment rate. The districts with the highest enrollment rates were Tambacounda (51.50%), Touba (47.69%), and Bounkiling (45.57%). (See Annex 4)

The regions of Saint Louis, Kédougou, and Matam plan to start the activity next quarter.

Delivery of AYSRH services: During the quarter, MSI partnered with the DCMS (Division of School Health Inspection of the Ministry of National Education) to launch the program to support delivery of RH services by school nurses and School Health Inspectorates (IMEs) for the 2016–2017 academic year. This program is implemented in eight regions in Senegal, including three project intervention regions: Diourbel, Tambacounda, and Saint Louis. Its objective is to strengthen delivery and access to AYRH services. Marie Stopes-Senegal teams will use an orientation and referencing system at team level (mobile teams, youth-friendly spaces) to promote a healthy school environment that is able to protect students from risky sexual behaviors.

Also through MSI, the project plans to open a youth-friendly space in Richard Toll in an already existing facility.

To broaden delivery of voluntary RH/FP services in the intervention regions, MSI brought in a young qualified provider (and MS Lady), who will be deployed on the mobile team and in Kolda district where she will serve youth.

Strengthening providers' capacities on high-impact interventions: During the quarter, the project supported provider training on high-impact interventions.

Table 1: Summary of training on high-impact interventions in public SDPs

Training area (Domain)	Region	Annual Objective	Number of people trained			Achievement rate	Number of SDPs reached
			M	F	Total		Total
Training of health providers of Tambacounda Health Centers and Hospitals on EMONC	Tambacounda, Matam	60	0	24	24	40%	13
Training of health service providers on EmONC	Tambacounda	120	0	12	12	10%	12
Training providers in contraceptive technology with emphasis on the MLDA	Diourbel, Saint Louis	254	10	30	40	16%	37
Training the ICP midwife on SRAJ « curriculum build your future »	Sédhiou	277	4	40	44	16%	35
Orientation for the ECD and ECR on vitamin A routine supplementation	Kédougou	94	14	3	17	18%	4
Training of a pool of trainers from the Diourbel region on the Essential Nutrition Actions (AEN) and the Essential Hygiene Actions (AEH)	Diourbel, Saint Louis	60	37	4	41	23%	11

All providers attending the two training sessions on the **"build your future"** curriculum achieved an acceptable performance level (at least 80%) on the post-test.

For EmONC, less than half of providers achieved an acceptable performance level, due to the package's complex and lengthy content. Therefore, sessions for the EmONC modules will be held to ensure providers achieve a satisfactory level of knowledge and skills.

Following LTPM training, all trained providers had an acquisition level greater than or equal to 80% for practical skills.

Delivery of an integrated package of high-impact services for both prevention and care by CHWs: Tools to implement the *Integrated Care Approach (DIPEC.com)* were developed and validated with the MSAS; these are the implementation guide, trainer manual, participant aide-mémoire, and DIPEC.com technical sheet. All tools were pre-tested in Mbacké district in Diourbel region for two days through these activities: orientation for ECRs/ECDs (5); training of trainers (3 ICPs); and training of CHWs (16). Reproduction of tools is being completed: 1500 trainer guides, 3750 aide-mémoires, and 2600 DIPEC.com technical sheets.

During the quarter, the project supported the DSR/SE in *Community-Based Access to Injectable Contraceptives* by updating procedures and community-based family planning

materials (data management using the community-based FP file). Eligible districts validated mapping of huts slated for enrollment to deliver new injectable FP services (113 huts for OICIM and 214 huts for subcutaneous contraceptives). Orientation sessions for trainers and training for CHWs were scheduled in the regions of Saint Louis, Matam, Kolda, and Tambacounda.

Verification of the functionality of community-based infrastructure reported these findings:

- 70% of huts (or 607) enrolled in the previous program continued to deliver FP services
- These huts provided FP services to 4796 active clients, including 1550 for the pill (32%) and 312 for injectables (7%)
- 190 out of 613 huts, or 31%, reported contraceptives stockouts

Meanwhile, the process to acquire supplies specifically for *Newborn Care* was completed (purchase of 922 penguin mucous-suction devices and 922 manual inflatable ventilation bags). Reproduction of 1000 aide-mémoires for CHW retraining is underway. Care delivery (essential newborn care) continued in huts that were already up and running: 1596 newborns received essential newborn care (97% of registered newborns).

Also, the project updated the CHW training module on the *Community-based postpartum hemorrhage (PPH) Prevention Strategy*, integrating the newborn resuscitation approach (Helping Babies Breathe) and management of low-birth weight. Reproduction of 200 PPH manuals is underway. The medical regions and districts validated the enrollment of 113 slated huts in districts (73 in Saint Louis and 40 in Tambacounda). Dates were scheduled for CHW training sessions.

The exercise to check health hut functionality found:

- 542 huts (88%) reported data on postpartum hemorrhage prevention services
- 591 women delivering in health huts were administered misoprostol for a total of 1620 deliveries performed with a ratio of 3 deliveries per midwife per health hut during the current quarter.
- 355 huts (65%) reported **misoprostol stockouts**

Tools for implementation of the *Community-Based Services Package Adapted to Adolescents/Youth* in huts and sites for community-based AYSRH were tested, finalized, and validated with the DSR/SE (trainer guide and CHW aide-mémoire). As part of testing the tools, 10 trainers, drawn from members of the Diourbel ECR and the Bambey ECD, and providers participated in an orientation, and 16 CHWs were trained. Printing of 1000 trainer guides and 3500 aide-mémoires is underway.

Activities were implemented to *expand the services package in sites* by updating previous training modules and integration of new modules (see New Infrastructure Enrollment); and identification and validation with districts of the nutrition and DSDOM sites, where services will be expanded. Reproduction of training tools is underway.

The most recent updates for essential nutrition actions were incorporated into the VADI approach, namely: screening for malnutrition and monitoring of pregnant women; promotion in the third trimester of pregnancy of early initiation of breastfeeding and exclusive breastfeeding; promotion of FADUA (Frequency, Amount, Density, Use of food and Active feeding) for complementary feeding; preparation and use of fortified flour; and nutritional care of sick and/or moderate acute malnourished children. Furthermore, adolescent diet and the weekly iron/folic acid supplementation package will be included in *community-based AYRH*.

Delivery of an integrated package of high-impact services at household level: The CVAC and VADI supportive supervision grids were developed and validated with the DSR/SE, the CSC, and partners during a workshop to rescale the CVAC and VADI approaches. Both grids were also included in the community Tutorat package module. Providers will be trained to use the grids through implementation of the community Tutorat package.

Negotiation techniques, including key steps, were included in monitoring documents for the VADI approach and in essential nutrition/hygiene actions at household level in the VADI approach. The negotiation steps are: identifying the problem, discussing it, and negotiating a realistic action to follow up during the next visit.

Lastly, implementation and training tools for the VADI and CVAC approaches were revised to include gender and youth. Tools to implement the CVAC approach were finalized and validated with the CSC and DSR/SE (implementation and trainer guides, CVAC-member aide-mémoire). The revised tools have added new elements to previous content. These are: surveillance of maternal and newborn death and response at community-level; community-based monitoring of women with fistula; and follow-up of birth registration at the Civil Registrar for identified newborns. Testing of CVAC tools will take place during initial training sessions for CHWs and CVAC members. Printing of revised CVAC and VADI tools is underway: 1000 CVAC implementation guides and 3500 aide-mémoires for CVAC members; 1000 VADI implementation guides and 3500 sets of VADI form/outlines.

Implementation of a cross-cutting, multi-sector strategy to prevent gender-based-violence: The project supported a meeting to share the roadmap for the Office of Violence and Trauma Prevention. Meeting participants discussed gender-based violence (GBV) activities planned through the Neema project with Ministry programs and the civil society NGO working in the same domain.

The project also supported establishing a technical committee to prevent GBV and trauma, comprised of GBV focal points from various MSAS directorates as well as bilateral and multilateral cooperation partners. The committee will:

- Provide technical guidance for the prevention and holistic case management of victims of GBV and trauma due to accidents
- Support the design and execution of projects and programs working in GBV and trauma due to accidents

Institutional support: As part of institutional support for the MSAS, the project's logistics component provided support to:

- Sédhiou and Kolda medical regions to set up a regular monitoring system for tracer medicine and commodity inventories at all levels. Next, 124 ECD members/ICPs (54 women and 70 men) were introduced to the approach before its implementation. This system will provide information to the DHIS2 logistics feature in order to calculate performance indicators for the logistics system.
- The DLSI to revise the Management Guide for ARVs and other HIV/AIDS commodities. The revision incorporates all new approaches, including the TATARSEN, and will address the need to strengthen providers' capacities in the field.

SUB-OBJECTIVE 1.2: LINKAGE BETWEEN COMMUNITY AND FACILITY PLATFORMS IS STRENGTHENED AND SUSTAINED

Improvements in overall coverage of CHWs

The project verified the conformity of CHW mapping. Overall, 57% of community infrastructure facilities (huts and sites) were visited. The planned training did not start because of: delayed hiring of facilitators due to the high number of applications (over 3000); and the workload involved in revising tools and the adopted inclusive process (involving MSAS services and partners). The project is working with the MSAS Department of Human Resources to configure the iHRIS software, including a module for community-based staff.

Integration of community health into the health system

Strengthen linkages between community platforms and health facilities: The project supported the preparation of a technical note and a situational analysis grid to improve functioning of the referral/counter-referral system at regional level. Work sessions were held between advisors from the DGS and the Neema project on the implementation process for the Referral Systems Assessment and Monitoring (RSAM). The project supported the Community Health Unit to introduce 662 health workers (419 men and 243 women), including 104 ECR/ECD members (25 women and 79 men) on the management guide for monthly health post coordination meetings. Following these orientation sessions, ICPs are expected to organize coordination meetings within their facilities and to include community actors.

Improving commodity security at hut, site, and health post level: Major Stockouts of tracer medicines and commodities were reported while checking the functionality of community-based infrastructure. Stockouts were persistently high in 54% of huts and PECADOM sites, detailed in the following table. It also appeared that ACTs are the most available commodity.

Table 2: Stockout summary

Produits traceurs	DSDOM (n=)	Cases de santé n=
SRO	64%	45%
Zinc	67%	50%
Pilules	NA	34%
Amoxicilline dispersible	60%	60%
ACT	13%	31%

Collaboration with the DSR/SE and PNA for greater availability of commodities and medicines at all levels is underway. In addition, the project provided support to ECDs and ICPs in logistics supervision of health huts and DSDOM sites in Saint Louis and Koumpentoum districts. Thus, the teams were able to supervise 36 health huts and 5 PECADOM sites. A plan to resolve identified problems was developed for each hut and site.

Advocacy for effective reimbursement of services costs at health huts: A meeting with the ACMU originally scheduled this quarter to define reimbursement terms could not take place due to the ACMU teams' unavailability. It will be postponed to the next quarter, as mentioned in the joint action plan.

Support to ensure continuous supply for health huts: The joint Neema/CSC action plan incorporates advocacy and ministerial guidelines for districts to systematize the inclusion of health hut needs into the Yeksina approach. Through implementation of the module on documentary resources included in the community Tutorat package, providers will receive coaching on methods used to estimate medicine needs in health huts.

Support for the Community Health Unit for implementation of the National Community Health Strategic Plan: Several coordination and monitoring activities for the National Community Health Strategic Plan were implemented with the CSC during the quarter. These are: development of a joint Neema/CSC action plan; support to evaluate the itinerant midwife (SAFI) strategy (survey in progress); preparation of the six-month review of community health interventions (postponed to June); finalization of the selection process of the decentralized position at CSC level (awaiting confirmation for hiring); and continuation of the functionality assessment of management bodies for community health (35 of the 51 local management committees surveyed are functional). The main challenge continues to be routine functioning of management bodies for community health, particularly at local level. The recent establishment of community facilitators will help to improve the situation.

Plans have been made to assess the SAFI strategy to provide evidence that could redirect the strategy toward greater efficiency. During the second quarter, the project supported the CSC to collect data in Matam and Sédhiou regions. Under the supervision of their professors, students in community health from the university in Bambey were enlisted for data collection. The project will also support the CSC to analyze the results of the strategy's reorganization next quarter. Special emphasis will be placed on improving the itinerant aspect of SAFIs and strengthening their capacities in community health.

Expanding the package of services offered at the community level

The project continued to offer services at community level through mobile teams with the launch of teams in Tambacounda and Saint Louis, in addition to the one in Diourbel. The teams worked with districts to identify sites and schedule visits. Awareness-raising activities reached 10,234 people (1202 men and 8842 women, including 709 youths). The project was able to provide FP services through these three mobile teams to 7972 clients, including 2938 new users of FP methods. (See table below.)

Table 3: Results of mobile clinics in Diourbel, Saint-Louis and Tambacounda

Indicators	Objectives	Achievements						Performance	
		Diourbel		Saint-Louis		Tambacounda			TOTAL
		Q1	Q2	Q1	Q2	Q1	Q2		
Number of active FP clients	12 600	2 660	1 880	1 365		2 067	7 972	63%	
New users* FP	4 410	1 056	847	250		785	2 938	67%	
Projection in CAP generated by FP voluntary service	50 000	7 771	6 315	3 601		6 868	24 555	49%	
Total number of FP services	13 433	2 662	1 891	1 367		2 101	8 021	60%	
Other SR services	5 370	1 985	1 644	775		539	4 943	92%	

Involving health districts in scheduling mobile team site visits helped to reach many women. Integrating the mobile team visits into vaccination and/or child-weighting campaigns attracts many women with unmet FP needs.

Lastly, the project set up two new mobile teams for Kolda and Sédhiou regions. Staff was hired and trained during the quarter under review. Equipment and supply delivery is underway. The launch of services delivery is planned for the next quarter.

Integrate gender considerations into a package of services and linkage activities between the community and health facilities

The project strengthened the capacities of 60 staff members on the gender approach on International Women’s Day. These themes were covered: women in an evolving world of work; articulation between the gender approach, health, and people’s well-being; and the seduction and sexual health of Senegalese women in 2017. The project also supported the MSAS Gender Unit to organize a workshop to develop the gender mainstreaming guide for conventional training for care providers. The Governor of Saint Louis chaired the workshop, which was attended by the MSAS. A draft of the guide incorporating the “gender” perspective was developed that covers these topics: Generalities and cross-cutting areas; disease control; RMNCAH; and WASH.

Increasing community and local municipality participation in community health, especially for youth:

Implementation of community action cycles applied to GBV: No activities were planned for the quarter under review.

Community advocacy and dialogue: The project installed seven coordinators in charge of facilitating the implementation of advocacy sessions and community dialogues. They were trained on advocacy techniques and management procedures and tools. Activities planned for the next quarter are to: conduct 22 visits to establish contact with chief district medical officers to identify which communes to target for advocacy; identify 87 spokespersons from the communities and municipal council; and organize 4 regional orientation workshops on the AFP-SMART advocacy approach.

SUB-OBJECTIVE 1.3: QUALITY SERVICES AT HOUSEHOLD, COMMUNITY, AND SDP LEVELS ARE IMPROVED AND SUSTAINED

Distribution of Policies, Standards, and Protocols: The project supported the DSR/SE to provide a draft of the distribution guide for RMNCAH PSPs that was updated in 2016. This draft is being validated at the DSR/SE. This guide will standardize distribution and measure providers' knowledge acquisition levels on the changes made in the PSPs.

The project also started the computer graphics and photocopying process for the RMNCAH/PSPs for concentration areas. Validation of the RMNCAH/PSPs will allow for completion of the distribution guide so that printing can begin.

The main challenge for this activity is the medical regions' availability next quarter so that the DSR/SE can conduct orientation sessions for ECRs and ECDs, who in turn will introduce ICPs to the RMNCAH/PSPs.

Testing of the orientation conducted in Kaffrine was an opportunity to gather feedback from ECRs, ECDs, and providers on the RMNCAH/PSPs and to include these suggestions in the final document.

Strengthen capacities of the public health and local governance systems to support and monitor health system performance and quality: During this quarter, the project provided support to the National Quality Program (PNQ) to hire a consultant responsible for coordinating the development process of a strategic plan. At this stage of the process, the consultant and the PNQ are taking stock of the implementation of the 2010–2015 strategic plan.

The main challenge is the time constraint because the consultant must carry out this process within a relatively short period of under 60 days. However, involving the firm is an opportunity in terms of political and technical support.

Improve monitoring of vital events (civil status, births, deaths, etc.): As part of improving monitoring of reporting vital events (births, deaths, etc.) to the Civil Registry, the project

supported the Division of Child Survival to prepare a concept note and a situational analysis grid on the implementation of the reporting system in order to identify corrective measures. The main challenge for this activity would be ensuring the Division of Child Survival is able to successfully standardize the intervention with the various TFP in this area.

Including reporting of births and deaths at the Civil Registry into the child survival package is an opportunity for this intervention's implementation.

SUB-OBJECTIVE 1.4: KEY POPULATIONS IN TARGET AREAS ARE TESTED, ENROLLED ON ANTIRETROVIRAL TREATMENT, AND PROVIDED QUALITY CARE IN ALIGNMENT WITH THE 90-90-90 GOALS

Support for the DLSI for coordination and monitoring-evaluation of the TATARSEN

approach: The Neema project held several strategic planning meetings with the Division of AIDS/STI Control (DLSI) to coordinate and monitor the implementation of the TATARSEN strategy. The division's action plans, with priority activities, were then validated and support was provided to develop TATARSEN operational plans for nine districts in Thiès region.

Strengthening capacities of target regions to implement TATARSEN regional plans:

During this quarter, implementation essentially consisted of operational planning with implementation partners, such as the Sédhiou, Kolda, and Ziguinchor medical regions. The HIV control plans have been prepared and validated. Similarly, TATARSEN action plans for districts in the three regions have been revised and updated.

Strengthening capacities for focused counseling and testing services for key

populations: The project hired 10 of the planned 20 health mediators for the regions of Kolda, Sédhiou, Ziguinchor, Kédougou, Tambacounda, Thiès (Mbour HD), and Diourbel (Mbacké HD and Touba HD). The mediators represent men who have sex with men (MSM), sex workers, and injection drug users (IDUs).

This strategy involves ensuring leaders of key populations (MSM, sex workers, and IDUs) are available at treatment sites to facilitate access to prevention, care, and treatment for their peers through the TATARSEN approach. Mediators will help boost delivery of voluntary counseling and testing (VCT) services and ARV therapy for key populations testing HIV-positive and will help keep them on treatment.

Strengthen MSAS capacity to provide quality treatment services to key populations

identified as HIV-positive: Neema provided support to the DLSI to reinforce IT and office equipment (computers, scanner, printer) and strengthen administrative staff in laboratories so results can be printed and sent on site.

Delays were reported in activity roll-out due to several factors, including staff placement and development of action plans for implementation partners. The action plan set out capacity building activities for VCT services targeting key populations and high-quality treatment services. However, problems in standardizing disbursement procedures have delayed the implementation of funds to the National Alliance Against AIDS (ANCS).

The main challenge for the next six months is speeding up the implementation of identified activities. The agreed-upon action plans that were developed are an opportunity to improve the level of implementation in accordance with reference documents.

This will involve implementing district operational plans through TATARSEN and completing vulnerability analysis and mapping in Dakar region.

While the ANCS has already targeted IDUs in Ziguinchor region through self-help groups that it set up in Kafountine, Cap Skirring, and Ziguinchor commune, identifying the IDU target group for Kolda and Sédhiou regions remains a challenge.

Collaboration with association leaders of the Santé Espoir Vie in Dakar and the groupe d'auto support in Ziguinchor will facilitate the identification of IDUs in these regions and will build their trust through a mission visit.

OBJECTIVE 2: INCREASED ADOPTION OF HEALTHY BEHAVIORS

SUB-OBJECTIVE 2.1: HIGH-QUALITY, TARGETED SBCC INTERVENTIONS ARE SCALED UP TO PROMOTE HIGH-IMPACT SERVICES AND HEALTHY BEHAVIORS

Use of data to define approaches and messages: For this quarter, the Neema project started four research activities: two document reviews and two studies (one quantitative and the other qualitative).

The document reviews covered gender norms and SBCC interventions to promote the use of high-impact health services and the adoption of healthy behaviors in Senegal. The preliminary report of the literature review on SBCC interventions was received and feedback was gathered. Sharing it with other MSAS partners (SNEIPS, DSR/SE, NMCP) is planned for next quarter.

The consultant was hired and has completed gathering documents for the literature review of gender norms that influence sexual and reproductive health in Senegal. The preliminary report is expected next quarter.

Regarding the studies, the protocol for the longitudinal quantitative study on ideational factors and behaviors related to maternal and newborn health, FP, HIV, water and hygiene, and GBV was submitted concurrently to the National Ethics Committee for Research in Health in Senegal and the Johns Hopkins Bloomberg School of Public Health ethics committee. Final selection of the research firm is complete. The project plans to sign a contract with the firm and conduct an orientation next quarter.

For the initial stage of the longitudinal quantitative study, called the baseline study, emphasis will be on documenting regional and socio-demographic variations in services use, "health-promoting behaviors," and other behavioral indicators relevant to changes in each of the project's thematic areas. We expect to receive initial analyses of the quantitative research results next quarter. This will help guide services delivery and improve communication strategies stratified by audience. Development of this strategy will go through an assessment of ideational variables underlying key indicators that may play a major role in the change

process; investigating potential social, cultural, and economic barriers to change; and documenting exposure and response to existing communication strategies.

Concerning the formative qualitative study, tools were tested in Rufisque and Touba districts. This pre-test was an opportunity to review the methodology and redefine the sampling according to each region's specific features. The revised protocol was submitted for approval to the Johns Hopkins School of Public Health ethics committee. The one for Senegal will be submitted in April.

Similar to the quantitative study, initial analyses of the formative qualitative study are expected next quarter. The analyses will help to understand individual factors and dynamics affecting couples, families, and communities in each region that facilitate or hamper the use of MNCH services in rural and urban settings and the adoption of healthy behaviors. Moreover, the study will provide evidence for the development and implementation of effective SBCC interventions to promote use of services.

Local promotion of essential household health behaviors: In addition to being beneficiaries, youths are also front-line actors in the development of SBCC messages and interventions to encourage greater participation and motivation in adopting healthy behaviors. Since entertainment, especially music, is often an excellent medium for reaching youth, a singing contest was included in action plans covering the seven concentration regions. Then, the project team developed the terms of reference for this activity and shared them with various stakeholders. Feedback is being collected.

Implementation of gender-focused SBCC strategies: During this quarter, the project hired a consultant to review the literature on gender norms that influence sexual and reproductive health. The report is expected next quarter.

Improve service providers' attitudes and behaviors: This intervention aims to promote model providers among beneficiaries. This should help providers feel more appreciated as well as support communities to increase their use of services.

To do this, the project team worked with the SNEIPS to conduct 14 dialogue sessions in 13 districts in 7 concentration regions. The goal of this activity is to gather communities' and providers' perceptions and expectations on services quality.

Each session was conducted following these steps: After a plenary introductory session to share objectives and achieved results, participants are divided into four groups of 8–10 people each.

Group 1: Community leaders, comprising neighborhood delegates, village chiefs, Imams, Priests, Pastors, elders

Group 2: Women, including women of reproductive age, Bajenu Gox, heads of women's associations

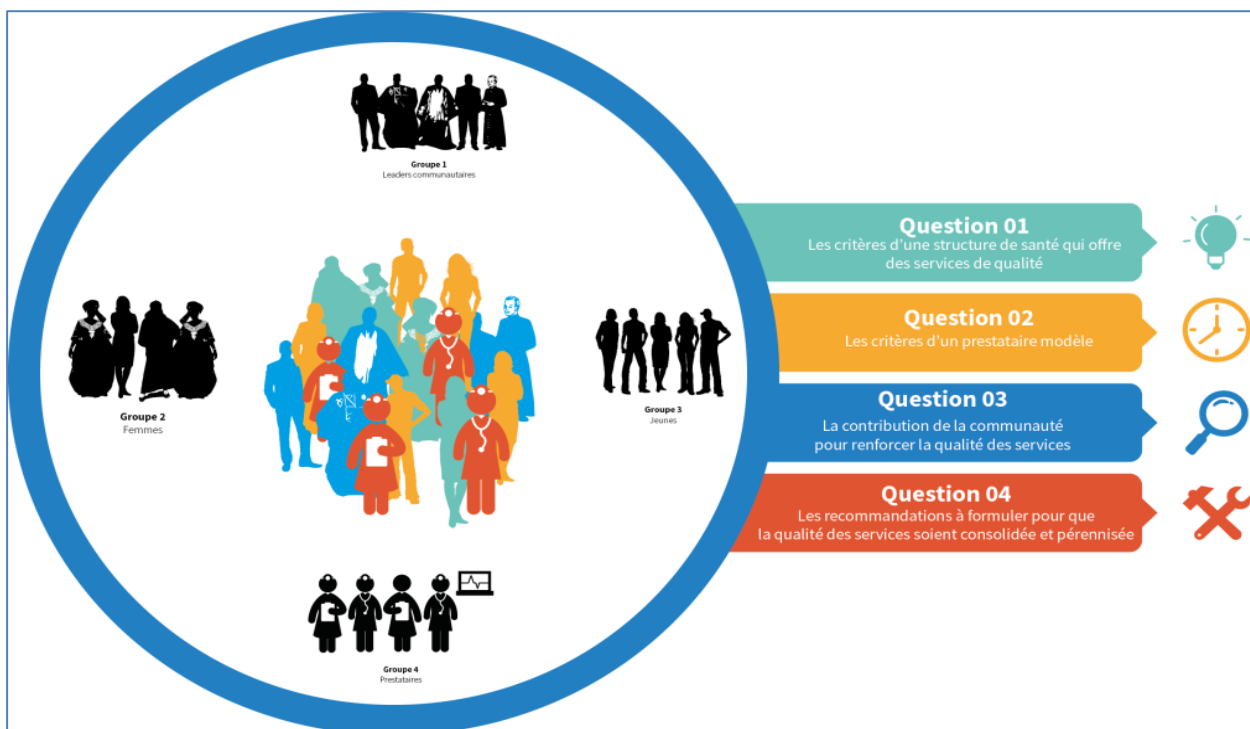
Group 3: Youths (male and female), comprising secondary and university students, moto taxi (Jakarta) drivers, heads of youth associations, street vendors

Group 4: Providers, including physicians, nurses, midwives, matrones, CHWs, gatekeepers

Each group spends one hour discussing these four points: (i) criteria for a health facility that delivers high-quality services; (ii) criteria for a model provider; (iii) community contribution in strengthening services' quality; and (iv) recommendations to ensure services' quality is improved and consolidated.

Following the various group discussions, the facilitators presented a summary in a plenary session to highlight areas of convergence. Next, they opened discussion to allow providers and other participants to react to the points raised.

Figure 1: Summary chart of the dialogue session to identify the criteria of the model provider



For the criteria of a model provider, these groups determined that the provider must:

- Be welcoming, appropriate, open, discreet (know how to maintain professional confidentiality), tolerant, polite, patient, available, and humble
- Be conscious of one's own limitations and refer in time
- Have proper training and perform work correctly (especially midwives)
- Demonstrate empathy and show consideration to patients
- Know how to listen attentively and communicate well with patients and accompanying persons
- Know how to manage urgent cases
- Ensure proper facility management

After each community dialogue session, the team of facilitators held a work session with the ECD and ECR to share key points and gather their feedback on the process and next steps.

The dialogue sessions mobilized 422 participants as shown in the table below.

Table 4: Distribution of participants in dialogue sessions by target group

	SEX		TOTAL
	F	M	
Group 1: Imams & other leaders		98	98
Group 2: women	117		117
Group 3: Youth	60	51	111
Group 4 providers	50	46	96
TOTAL	227	195	422

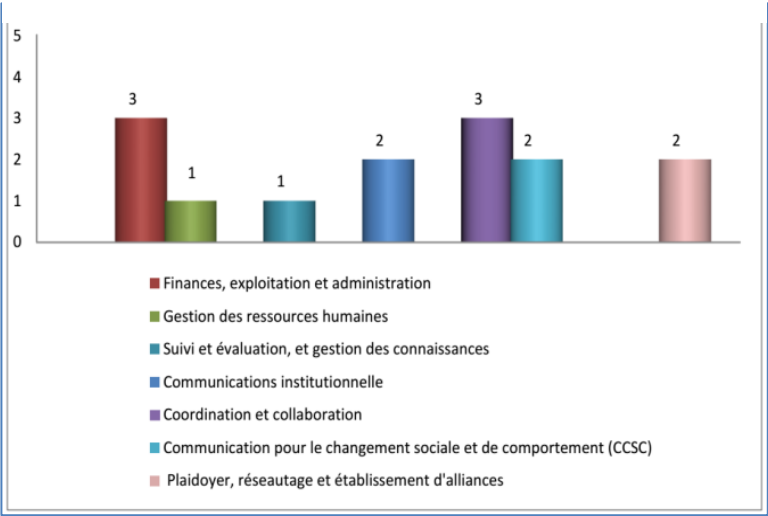
SUB-OBJECTIVE 2.2: PUBLIC SECTOR CAPACITY TO COORDINATE, DESIGN, AND ADVOCATE FOR SBCC IMPROVED AT THE NATIONAL AND REGIONAL LEVELS

Institutional support for the SNEIPS and BREIPSs: During this quarter, the project conducted an evaluation of institutional capacities for the SNEIPS and BREIPSs using the PROGRES tool¹ through this process:

- A one-day orientation for SNEIPS staff to review the various domains of the PROGRES tool and to select those which most closely align with the SNEIPS and BREIPS missions. Next, from the 14 PROGRES tool domains, 7 domains were selected for the SNEIPS and 4 for the BREIPSs
- Identification and training of 3 internal facilitators (2 from SNEIPS and 1 from BREIPS) on the PROGRES tool and on running a work session
- Collection and review of key documents on the selected domains
- Holding the provisional scoring workshop using the PROGRES tool

Graphic 1: Summary of the results for SNEIPS

After the “Provisional Scoring” workshop, the SNEIPS received an overall score of 2 out of 5 and the BREIPS scored 1 out of 5, thus indicating that both the SNEIPS and the BREIPSs needed capacity building. The need for strengthening is all the more apparent for core domains for the SNEIPS, particularly SBCC, human resources management, and monitoring-evaluation/knowledge management. The SNEIPS scored 3 out of 5 for financial

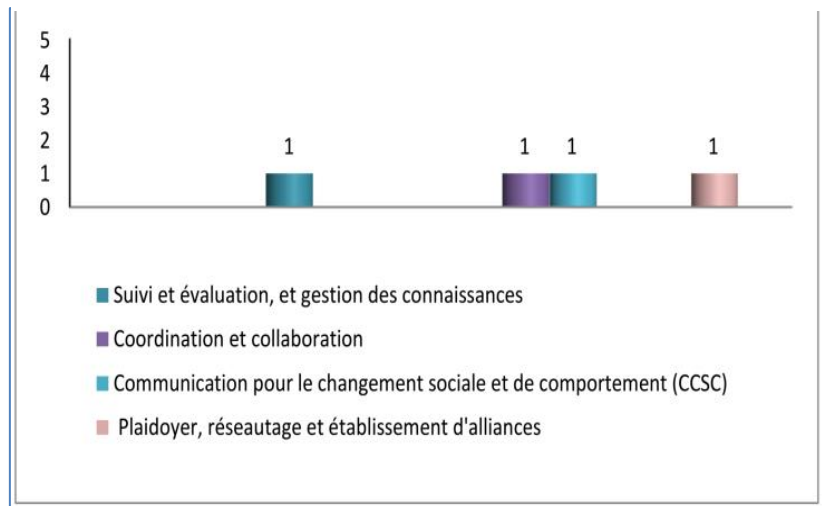


¹ PROGRES (Program for Organizational Growth, Resilience and Sustainability). This tool assesses an organization’s institutional sustainability, financial viability, and programmatic sustainability. It covers seven core and seven optional domains. Each domain is divided into sub-domains that each include an ideal practice, a key question for each ideal practice, five levels of development for each key question, and one column for the means of verification used to guide which level to choose.

and administrative management and coordination. Performance in these areas could also be improved.

For the BREIPSSs, it appears that the RBs perform low in the domains of SBCC, coordination, and advocacy, scoring 1 out of 5 in each of these areas. Also, special attention will be placed on possibilities for strengthening BREIPSS capacities. The Financial Management and Human Resources domains were not evaluated for the BREIPSSs in light of their responsibilities and the nature of their activities.

Graphic 1: Summary of the results for BREIPSS



Support for knowledge management in social and behavior change communication:

This intervention was not implemented this quarter. It will be launched next quarter.

Strengthening coordination and consistency of messaging: The intervention is planned for the next quarter.

SUB-OBJECTIVE 2.3: TECHNICAL AND OPERATIONAL CAPACITY OF LOCAL SBCC ORGANIZATIONS TO DESIGN, IMPLEMENT, AND EVALUATE SBCC PROGRAMS IMPROVED

Selection of a local NGO through a transparent process: In order to support the sustainability of best practices, the Neema project includes a component devoted to transferring SBCC skills to a local NGO. Thus, the local NGO will be selected using a competitive process and will then receive support to capitalize on best practices and, in turn, strengthen other local organizations.

The criteria for selecting a local NGO have been prepared and shared with stakeholders. Feedback is being gathered to use in finalizing the newspaper advertisement.

Development of a tailored capacity building plan for the NGO: This intervention was not implemented this quarter. It will begin once the NGO is selected.

MONITORING & EVALUATION, RESEARCH, AND LEARNING (MER&L)

Monitoring of program implementation: The MER&L team finalized the situational analysis grids to use in SDPs and at community level with MSAS support during a workshop to revise

Tutorat 3.0 tools. Following the revision, the tools underwent a pre-test at Saint Louis district level. The pre-test was an opportunity to review the process for administering questionnaires, formally sharing results, and developing action plans. The validated questionnaires are programmed into tablets set up for this purpose. In addition, the situational analysis will cover a diagnosis of districts' and medical regions' institutional capacities to manage sub-contracts.

Also, the project continued development of an automation platform for project operations management, and a beta version is available. Testing for the tool is planned in April, and the final version is expected at the end of the third quarter.

Strengthening supervision systems at the district, SDP, and community level: During this quarter, the Neema project supported integrated supervision of 180 (or 33%) health posts and health centers and 211 (or 25%) health huts, 3 ECDs, and 1 regional hospital in 7 concentration regions. The supervision found the following results:

Community level (N=211)	Health post and health center level (N=180)
Family planning	
<ul style="list-style-type: none"> • 82% of supervised huts offer counseling, with a 93% maximum in Kolda and a 69% minimum in Kédougou • 82% of supervised huts offer short-term methods, with a 97% maximum in Kolda and a 67% minimum in Sédhiou • In 87% of visited facilities, at least one provider is trained in community-based distribution of contraceptive pills. By contrast, only 16% of huts had at least one provider trained in the Sayana Press • FP registers are available in 74% of supervised huts, with 93% in Kolda versus 56% in Sédhiou • 63% of supervised huts have community management sheets for FP data available, with an 87% maximum in Kolda and a 30% minimum in Sédhiou 	<ul style="list-style-type: none"> • Short- and long-term FP methods are offered, in 98% and 95% of SDPs, respectively • FP methods are available at 100% in all SDPs, however gaps were noted in the availability of equipment, mainly portable lights (46%) and stepladders (24%)
Referral system	

<ul style="list-style-type: none"> • Only 48% of huts have a reference book • 11% of huts have access to a vehicle/ambulance from another facility to use to transport urgent cases 	<ul style="list-style-type: none"> • Over half (57%) of SDPs have a vehicle in the facilities to transport urgent cases • A functioning medical ambulance is available in 31% of visited SDPs, with an 11% minimum in Kolda and a 37% maximum in Diourbel.
<p>Maternal health</p>	
<p>No findings</p>	<ul style="list-style-type: none"> • At least 90% of SDPs use the partograph to monitor labor and delivery in the Neema project intervention regions. However, only 42% of these monitor women who are delivering with the partograph, and only 43% of providers who were evaluated have a performance level greater than 80% • Over 9 out of 10 (90%) facilities experienced stockouts of partograph sheets during the last three months

Also in an effort to strengthen supervision systems, the project supported training for providers in Matam and Kolda regions on monitoring SDPs.

Increased availability and use of health data for decision-making purposes at district, SDP, and community level: The Neema project supported the DSISS to revise tools for the information and management system for the module on child survival/nutrition/Expanded Program on Immunization (EPI) during a five-day workshop held in Thiès from 20 to 24 March 2017. This workshop was an opportunity to review all data collection tools and monthly reports for the EPI, surveillance, nutrition, and child survival at all levels of the health pyramid. After this workshop, it was recommended to include tool updates in the DHIS2 platform.

Documenting and sharing high-impact approaches: The project began preparing the learning and documentation plan. Once finalized, this plan will be shared with USAID and other stakeholders.

PROJECT MANAGEMENT AND COORDINATION

Neema project activities began with the launch of the USAID Health Program 2016–2021 in January 2017 in Saint Louis and Diourbel regions. Next, planning activities were organized in each region to integrate Year-1 activities into AWP for responsibility centers that have already been developed.

Overall, seven regional workshops were held, attended by 29 health districts, resulting in the preparation of 36 action plans for health districts and the medical region.

In synergy with the HSS+ component, the project supported 20 workshops to develop Local Government Operational Plans (POCLs) for health and 23 AWP, all for 2018, covering 6 medical regions and 17 health districts.

To improve activity coordination at the medical region and health district level, 39 meetings were held and attended by Regional Office staff, including 6 from medical region level and 33 from district level.

Weekly coordination meetings are held with all Neema components, HSS+, and GOLD at the Regional Office level. These meetings provide a framework for sharing information, planning, and analysis of constraints related to intervention implementation. Overall, 29 meetings were held for all the Regional Offices.

The table below summarizes the various activities carried out with other implementing partners in the health program.

TABLE 5: Collaboration with other Health Program Projects

PROJECT	COLLABORATION ACTIVITIES CARRIED OUT DURING THE QUARTER
RSS Plus	Support for the development of the Operational Plan for Local Authorities (POCL) and Annual Workplan (PTA) 2018
GOLD	Management and operational activities for the Regional Offices (Kolda and Tambacounda), and conducting a follow-up meeting of the collaboration activities identified at the beginning of the project
SHOPS Plus	Meeting to share information on TutoratPlus Meeting to coordinate the synergy interventions
GOTAP	Development of the integrated action plan

Participation of Regional Offices in the various coordination frameworks (weekly planning meeting for medical regions, Regional Development Committees, District Development Committees, Community Action Networks, program reviews, etc.) gave interventions greater visibility and identified key areas for collaboration with other partners.

In addition, the COP and project staff participated in many coordination meetings between the Executive Board and/or with USAID. These meetings covered topics such as a review of the first quarter report, development of an integrated action plan, building synergy with the SHOPS and HRH 2030 projects, etc.

Two meetings to promote synergy were held with the Malnutrition Control Unit. These meetings discussed support for the Disease Control Unit (CLM) strategic plan, mapping nutrition in the intervention areas to avoid duplication between Neema and CLM implementing agencies, and joint institutional support for the DAN. It was decided that the AEs (Essential Actions) of the CLM will work with the Regional Bureaus to complete mapping of intervention areas.

ANALYSIS OF THE ANNUAL WORK PLAN IMPLEMENTATION

This quarter saw the start of implementation for some technical activities. All planned interventions for this quarter have begun. Next, training on high-impact practices began, and tools for the community-based interventions were finalized.

The process to strengthen the SNEIPS and BREIPSs began.

Joint planning of HIV-control activities with ECRs/ECDs, DLSI, and ANCS will facilitate reporting achievements next quarter.

MAIN CHALLENGES, OPPORTUNITIES AND THE WAY FORWARD

Challenges

- Coordination with medical regions, health districts, other health programs, and local municipalities is a major challenge to overcome for instilling ownership of implementation of interventions. This will involve all stages of the project's operational process.
- In the southern regions, challenges arise in identifying the IDU target group and ensuring MSM who are not part of any associations access the public health system.
- It is imperative that the Senegalese ethics committee validate the research protocols in order to start the quantitative and qualitative studies for the planned periods.

Opportunities

- Prospects for regional and departmental harmonization conferences are an opportunity for the project to contribute more to regional efforts to promote health.
- Coordination bodies at the medical region and health district level are opportunities to improve planning and monitoring of activity implementation.
- The launch of Tutorat 3.0 and the inclusion of deliverables related to the planning process in medical regions and health districts will support better programming of activity implementation.
- The system to cover vulnerable people's medical and social needs, particularly for those with HIV, is an opportunity to lay the foundations of a comprehensive and sustainable care system for them.
- The existence of IDU self-help groups and a dense network of mediators and associations for MSM and sex workers will support improving the system to identify and treat targets.

The way forward

- Tutorat 3.0 implementation and signing of contracts for sub-grants
- Development of the concept for the communication campaign to recognize and motivate service providers
- Launch of activities for the HIV component in the southern area
- Data collection for the qualitative and quantitative studies

- Analyses of the effectiveness of partners' interventions, messages, and materials in the project concentration areas

4. CROSS-CUTTING ISSUES

4.1. GENDER MAINSTREAMING

Gender mainstreaming was adopted this quarter through the creation and training of a technical committee to prevent GBV, guidance for project technical staff, and development of the provider guide.

Establishment of a multi-sector working group to integrate GBV into policies, standards, and procedures related to health, implemented in partnership with the MSAS Office of Violence and Trauma Prevention and the Gender Unit The project supported an activity to share the Office of Violence and Trauma Prevention roadmap. Specifically, GBV activities outlined in the Neema plan were shared and discussed with Ministry and the civil society programs working in the same domain. Also, the project supported setting up a technical committee to prevent GBV and trauma, made up of the GBV focal points of various MSAS directorates as well as bilateral and multilateral cooperation partners. Lastly, the project supported the organization of a training workshop for a pool of trainers, composed of 11 members of the aforementioned technical committee on the GBV case management protocol. This pool will oversee the training of ECRs and ECDs at the intervention area level.

Capacity building for consortium members on the gender approach and its inclusion in specific aspects of health: The project took the opportunity of the 8 March celebration of International Women's Day to introduce 60 Neema project staff members (male and female) to the gender approach and how it aligns with health and people's well-being. Participants saw an interactive presentation on gender in the internal policies and procedures at IntraHealth Senegal.

Collaboration with the MSAS Gender Unit to provide regional and district health staff with training tools and communications materials on gender: The project supported the organization by the MSAS Gender Unit of a workshop to prepare a gender mainstreaming guide for conventional training of health providers. The governor, the chief regional medical officer of Saint Louis, and various MSAS directorates attended the workshop, which produced a draft of the guide covering these topics: (1) Generalities and cross-cutting areas; (2) Disease control; (3) RMNCAH; and (4) Hygiene and sanitation.

4.2. COMPLIANCE WITH ENVIRONMENTAL REGULATIONS

Through support to ensure standards and guidelines are applied in the prevention of health-care associated infections, bio cleaning of premises, and environmental protection through appropriate management of biomedical waste, the following activities were implemented:

Development of an environmental mitigation and monitoring plan: The plan supported by the project includes the identified mitigation measures dealing with training, advocacy,

and supervision, raising awareness, development and implementation of regional biomedical waste management plans, and updating the biomedical waste management guide.

As a reminder, biomedical waste production, storage, and disposal can cause these negative impacts on project interventions:

- Accidental blood and biological fluid exposure
- Environmental contamination of SDPs
- Contamination of neighboring populations
- Contamination of water table from biomedical waste

Supervision: With the goal of verifying and monitoring compliance with environmental regulations at the SDP level, the project conducted a supervision mission this quarter. The sample involved 180 health posts and health centers and 131 health huts in 29 districts.

The supervision visits checked training for providers and staff responsible for biomedical waste - 89% in Diourbel, 78% in Kédougou, 75% in Kolda, and 76% in Tambacounda. For availability of protective and sterilization equipment: Glasses: 20% in Diourbel, 0% Kédougou, 0% Kolda, 10% in Tambacounda. The evaluation also checked storage areas, transport, and biomedical waste treatment in SDPs. (See Annex 3).

4.3. COMPLIANCE WITH FAMILY PLANNING LEGISLATION AND REGULATIONS

Revision of Tutorat 3.0 tools: Legal provisions and requirements for FP have been incorporated into Tutorat 3.0 training modules. This will ensure better understanding of the main laws and policies governing United States assistance for FP activities.

Monitoring compliance: The project assessed compliance with family planning legislation and regulations during the quarter. Supervision showed these results:

- Posters available in 60% of SDPs in Diourbel, 78% in Kédougou, 78% in Kolda, 56% in Sédhiou, and 55% in Tambacounda
- 25 SDPs in Diourbel have their clinical staff trained on the Tiaht amendment and other US government legislative regulations and policies regarding FP - 7 SDPs in Kédougou, 8 in Kolda, 10 in Sédhiou, and 23 in Tambacounda
- 64% of supervised providers provide clear and complete information to clients on the various FP methods
- 65% of SDPs have a range of FP methods to ensure clients make a free choice

5. LESSONS LEARNED, BEST PRACTICES, AND SUCCESS STORIES

This quarter, lessons learned from activity implementation are:

- Regional planning workshops facilitated, one part, the integration of the project activities in the various AWP's for responsibility centers, the other part, greater understanding of the project's content by other partners (ECRs, ECDs, and TFP)

- Shortcomings noted in the preparation of quarterly work plans at the responsibility centers for the regions of Tambacounda, Kédougou, and Saint Louis are an obstacle to planning project activities
- The need to develop a quarterly work plan at the central level, since having no plan hampers planning at the operational level
- The importance of RB staff participation in regional and district coordination bodies, which supported better activity planning
- The diversity of collection and reporting tools made it difficult to synthesize Performance Monitoring Plan (PMP) data

Best practices are summarized as follows:

- Planning and joint implementation of project activities at the RB level
- Updating and internal orientation for staff on the content of various strategies for interventions, such as TATARSEN, Results-Based Financing, Tutorat 3.0, and community-based strategies
- Regular and participatory development of quarterly work plans in Kolda and Sédhiou region

6. MAIN ACTIVITIES PLANNED FOR NEXT QUARTER

Next quarter will focus on:

Objective 1: Increased access to and utilization of quality health services and products in the public sector

- Finalize tools designed for pre-service training and Tutorat 3.0
- Introduce ECRs and ECDs to Tutorat 3.0
- Hold orientation sessions on gender through Tutorat 3.0
- Activities for the next quarter are: training for Regional Bureau staff on the gender approach; ongoing technical support to apply knowledge gained through activity implementation; validation with the MSAS of the gender mainstreaming guide; and training for ECRs and ECDs on the gender approach
- Hold training sessions for Regional Office and central-level staff on gender
- Start training for ECRs and ECDs on gender and the GBV case management protocol
- Finalize the strategy for 16 days of activism with the aim to communicate violence against women (from November 25 to December 10 each year)
- Finalize the research protocol for participatory diagnosis of norms related to GBV
- Begin development of the health sector strategy on GBV and its consequences
- Supervise SDPs in the 7 project intervention regions
- Provide orientation for project staff on FP and environmental mitigation regulations

- Develop a monitoring plan for the project to assess compliance with FP legislation and regulations
- Provide orientation for ECR/ECD members on FP and environmental mitigation regulations
- Strengthen health providers' and mediators' capacities in VCT and the continuum of care and implement mobilization and awareness-raising sessions for key populations for VCT through on-site and advanced strategies. Key populations that test positive will be referred to treatment sites and put on ARV therapy

Objective 2: Increased adoption of healthy behaviors

- Complete reports on the literature review (analysis of SBCC interventions and gender norms that influence sexual and reproductive health in Senegal)
- Submit the qualitative study protocol in April
- Train investigators for qualitative and quantitative studies
- Collect data for the qualitative and quantitative studies
- Have the terms of reference for the song contest validated by the organization committee
- Launch the contest for songs on AYRH
- Develop the concept for the communication campaign to recognize and motivate service providers
- Share results of the situational analysis of the SNEIPS and BREIPSs
- Develop the capacity building plan for the SNEIPS and BREIPSs
- Conduct analyses of the effectiveness of partners' interventions, messages, and materials in the project concentration areas
- Energize the technical working group on SBCC
- Launch a call for tenders to select the 3 best local NGOs
- Conduct an analysis of institutional capacities of the top 3 local NGOs using the SBCC-PROGRES tool

7. PROJECT MANAGEMENT AND ADMINISTRATION

During this quarter, the management team continued the staff hiring process. To date, all positions have been filled except for senior positions at the DSR/SE and DLSI, the HIV/AIDS technical advisor in Kolda, and the manager for scaling up high-impact practices at central level.

In addition, the three Regional Bureaus were all installed into functioning premises after renovation work.

In Diourbel, the chief regional medical officer provided the project with a place to house staff. The premises are being renovated.

ANNEX 1: PROGRESS ON WORK PLAN/INDICATORS

1a PMP

Data used to prepare the PMP for this quarter are from four sources:

1. **DHIS-2 platform** for services data. For this quarter (January–March 2017), data completion in the DHIS2, measured on 2 May 2017, is shown in the table below. Completeness of reports.
2. **Informed Push Model project database** for the stockout indicator. The completion rate for this indicator is 100% for all concentration regions.
3. **Regional Procurement Pharmacies' database** to calculate couple years of protection based on distribution data.
4. **Supervision data:** Supervision of component interventions was carried out this quarter in a sample of 180 health posts and health centers and 211 health huts by ECDs with support from the Neema project.

<i>Medical region</i>	<i>DSR/SE: monthly Report</i>	<i>Nutrition and child health</i>	<i>HIV (Testing)</i>	<i>HIV (care)</i>
<i>Dakar</i>			<i>80.4</i>	<i>47.1</i>
<i>Diourbel</i>	<i>94.2</i>	<i>77</i>		
<i>Kédougou</i>	<i>99.1</i>	<i>88.6</i>	<i>66.7</i>	<i>55.6</i>
<i>Kolda</i>	<i>98.6</i>	<i>92.2</i>	<i>83.3</i>	<i>53.3</i>
<i>Saint Louis</i>	<i>97.2</i>	<i>96.4</i>		
<i>Sédhiou</i>	<i>100</i>	<i>100</i>	<i>100</i>	<i>91.7</i>

Tambacounda	91.1	89.1	48.5	25
Matam	95.5	81.4		
Thiès(Mbour)			50	50
Ziguinchor			95.2	85.7

1b Level of Work Plan implementation

#	DESCRIPTION OF INDICATORS	SOURCE/ COLLECTION METHOD	REGIONS	BASELINE	ACHIEVEMENTS					Progress	Comments
					FY17 OBJECTIVES	Achieved Q1	Achieved Q2	Achieved Q3	Achieved Q4		
Goal: Support the efforts of the Government of Senegal to ensure health services are sustainably improved and effectively utilized to reduce maternal, neonatal, and child mortality and morbidity and contribute to an AIDS-free generation.											
Objective 1: Increased access to and utilization of quality health services and products in the public sector											
1.1.4	Couple-years of protection (CYP) through a program supported by the US government	PRA distribution data.	Diourbel	24 148	28 978	9143	11289			71%	Only data from the Tambacounda PRA are available. Collection is in progress for the other regions. It appears that targets should be revised for the region at least.
			Kédougou	2 421	2 905	-	-			-	
			Kolda	21 396	25 676	17549	15614			129%	
			Matam	14 071	16 885	4941	5961			65%	
			Saint Louis	7025	8429	ND	12007			373%	
			Sédhiou	29,467	35,360	ND	-			-	
			Tambacounda	9685	11,622	24,982	24982			369%	
			Total	227,079	275,804	24,982	69853			107%	
1.1.10	Number of children under 5 years with pneumonia receiving antibiotics	DHIS-2 database extraction	Diourbel	27,633	31,502	6510	5375			38%	These data were extracted from the DHIS-2.
			Kédougou	5380	9249	1028	1106			23%	
			Kolda	33,085	36,954	7975	8239			44%	

#	DESCRIPTION OF INDICATORS	SOURCE/ COLLECTION METHOD	REGIONS	BASELINE	ACHIEVEMENTS					Progress	Comments
					FY17 OBJECTIVES	Achieved Q1	Achieved Q2	Achieved Q3	Achieved Q4		
	recommended by providers and CHWs trained through a program supported by the US government		Matam	7254	11,123	965	1139			19%	
Saint Louis			17,148	21,017	4061	5480			45%		
Sédhiou			12,838	16,707	2359	2201			27%		
Tambacounda			15,528	19,397	3291	4620			41%		
Total			118,866	145,949	26,189	28160			37%		
1.1.12	Number of children under 5 years with diarrhea treated according to national guidelines (oral rehydration salts/zinc) through a program supported by the US government	DHIS-2	Diourbel	33,325	34,225	6370	10546			19%	These data were extracted from the DHIS-2.
			Kédougou	5937	6097	977	2541			16%	
			Kolda	27,025	27,755	3859	6819			14%	
			Matam	17,116	17,578	2768	4188			16%	
			Saint Louis	32,754	33,638	5206	10087			15%	
			Sédhiou	12,665	13,007	3251	4882			25%	
			Tambacounda	15,557	15,977	2843	6792			18%	
			Total	144,379	148,277	25,274	45855			17%	
1.1.18	Number of qualified community providers trained in nutrition through a program supported by the US government	Project archives	Diourbel	154	24	0	0			0%	No training was done this quarter.
			Kédougou	48	8	0	0			0%	
			Kolda	44	11	0	0			0%	
			Matam	0	27	0	0			0%	
			Saint Louis	372	0	0	0			0%	
			Sédhiou	91	36	0	0			0%	
			Tambacounda	0	44	0	0			0%	
			Total	709	150	0	0			0%	
1.1.19	Percentage of providers who comply with standards and protocols related to the	Situational analysis report for baseline study	Diourbel	TBD	50%		33%			66%	During this quarter, the supervision data obtained in 143 PPS helped to evaluate 143
			Kédougou	TBD	50%		44%			88%	

#	DESCRIPTION OF INDICATORS	SOURCE/ COLLECTION METHOD	REGIONS	BASELINE	ACHIEVEMENTS					Progress	Comments
					FY17 OBJECTIVES	Achieved Q1	Achieved Q2	Achieved Q3	Achieved Q4		
	management of labor and delivery in facilities funded by the US government	Supervision Report	Kolda	TBD	50%		33%			66%	providers on the partogram.
			Matam	TBD	32%		29%			88%	
			Saint Louis	TBD	50%		38%			76%	
			Sédhiou	TBD	50%		50%			100%	
			Tambacounda	TBD	30%		52%			104%	
			Total		43%	50%		43%		86%	
1.1.20	Number of service delivery points providing life-saving maternal care (basic and comprehensive EmONC) supported by the US government	Situational analysis report for baseline study	Diourbel	7	7		7			100%	This indicator was not documented this quarter. The situational analysis is planned for next quarter.
			Kédougou	2	3		2			100%	
		Supervision Report	Kolda	2	6		2			33%	
			Matam	3	6		3			50%	
			Saint Louis	12	10		12			120%	
			Sédhiou	4	4		4			100%	
			Tambacounda	10	8		10			125%	
Total	40	44		40			91%				
HL.7.1-2	Percentage of service delivery points offering counseling and/or PF services supported by the US government	Situational analysis report for baseline study	Diourbel	100%	100%		100%			100%	This indicator was not documented this quarter. The situational analysis is planned for next quarter.
			Kédougou	85.00%	88.00%		100%			114%	
		Supervision Report	Kolda	79.00%	83.20%		100%			120%	
			Matam	100.00%	100.00%		100%			100%	
			Saint Louis	95.00%	96.00%		100%			100%	
			Sédhiou	97.00%	97.60%		94%			96%	

#	DESCRIPTION OF INDICATORS	SOURCE/ COLLECTION METHOD	REGIONS	BASELINE	ACHIEVEMENTS					Progress	Comments
					FY17 OBJECTIVES	Achieved Q1	Achieved Q2	Achieved Q3	Achieved Q4		
			Tambacounda	86.00%	88.80%		100%			113%	
			Total	93%	93%		98%			105%	
1.1.24	Percentage of service delivery points assisted by USAID that experienced stockouts of contraceptive products during the reporting period	Routine data	Diourbel	0.17%	3%	1%	2,04%			101%	Data retrieved from the IPM project reveal significant shortages in Kolda, Matam and Saint louis regions. These are mainly Sayana Press, Implanon and CU. The main reasons mentioned are the insufficient delivery of the PRA at the district level, the shortage of certain products at the PRA level and the insufficient stocks at the district level.
			Kédougou	1.06%	3%	0%	0,00%			103%	
		Informed Push Model	Kolda	0.15%	3%	1%	16,13%			86%	
			Matam	0.28%	3%	2%	7,37%			95%	
			Saint Louis	0.21%	3%	4%	4,20%			99%	
			Sédhiou	0%	3%	0%	10,91%			92%	
			Tambacounda	1.06%	3%	7%	0,00%			103%	
			Total	1%	3%	2%	5,15%			98%	
1.1.28	Number of women receiving active management of the third stage of labor through a program supported by the US government	DHIS-2 database extraction	Diourbel	39,062	39,062	11,051	9044			51,4%	These data were extracted from the DHIS-2.
			Kédougou	3781	3781	1138	971			55,8%	
			Kolda	12,377	12,377	3781	3887			62,0%	
			Matam	10,236	10,236	3112	2087			50,8%	
			Saint Louis	21,902	21,902	5312	4568			45,1%	
			Sédhiou	7186	8906	1913	2379			48,2%	
			Tambacounda	13,469	13,469	4045	3176			53,6%	
			Total	108,013	109,733	30,352	26112			51,5%	
1.1.34	Number of children under 5 years who	DHIS-2	Diourbel	215,286	218,515	3249	4550			3,6%	These data were extracted from the DHIS-
			Kédougou	44,596	45,265	1972	1498			7,7%	

#	DESCRIPTION OF INDICATORS	SOURCE/ COLLECTION METHOD	REGIONS	BASELINE	ACHIEVEMENTS					Progress	Comments
					FY17 OBJECTIVES	Achieved Q1	Achieved Q2	Achieved Q3	Achieved Q4		
	received a nutrition intervention in a program supported by the US government		Kolda	279,851	284,049	1657	8530			3,6%	2.
			Matam	53,003	53,798	1306	1060			4,4%	
			Saint Louis	171,109	173,676	332	2650			1,7%	
			Sédhiou	113,585	115,289	1048	1538			2,2%	
			Tambacounda	88,962	90,296	3802	3220			7,8%	
			Total	966,392	980,888	13,366	23046			3,7%	
Sub-Objective 1.1: Increased coverage and utilization of evidence-based, sustainable, high-impact interventions in households and health facilities											
1.2.1	Percentage of SDPs that have a functioning referral and counter-referral system from the community to the health post	Situational analysis report	Diourbel	48.00%	58.40%		67%			115%	Supervisory data indicate that more than half of the SDP have medical transportation or ambulance
			Kédougou	54.00%	63.20%		56%			89%	
			Kolda	54.00%	63.20%		56%			89%	
			Matam	43.00%	54.40%		47%			86%	
		Quarterly supervision report	Saint Louis	45.00%	56.00%		46%			82%	
			Sédhiou	83.00%	86.40%		38%			44%	
			Tambacounda	67.00%	73.60%		48%			65%	
			Total	54.47%	63.58%		54%			85%	
1.4.1	Number of persons tested who receive their results	Project archives	Dakar*	29,551	35,461	9726	9061			53%	These data were extracted from the DHIS-2.
			Kédougou*	1736	2083	519	422			45%	
		District reports for annual monitoring	Kolda	21,906	26,287	1401	2203			14%	
			Sédhiou	15,841	19,009	2614	2767			28%	
			Tambacounda*	6390	7668	740	1296			27%	
			Thiès (Mbour)	9749	11,699	1426	4282			49%	
			Ziguinchor	25,429	30,515	3125	2583			19%	
			Total	110,602	132,722	19,551	22614			32%	

#	DESCRIPTION OF INDICATORS	SOURCE/ COLLECTION METHOD	REGIONS	BASELINE	ACHIEVEMENTS					Progress	Comments
					FY17 OBJECTIVES	Achieved Q1	Achieved Q2	Achieved Q3	Achieved Q4		
1.4.2	Number of persons (adults and children) newly enrolled on ARVs	Project archives	Dakar	519	1240	79	122			16,2%	These data were extracted from the DHIS-2. Targets for the year will be reviewed by basing them on the estimated number of people testing positive.
			Kédougou	78	97	13	19			33,0%	
		District reports for annual monitoring	Kolda	310	233	17	101			50,6%	
			Sédhiou	372	700	6	77			11,9%	
			Tamba	339	110	18	40			52,7%	
			Thiès (Mbour)	98	100	15	314			329,0%	
			Ziguinchor	574	3092	17	162			5,8%	
Altogether	2290	5572	165	835			17,9%				
1.4.3	Percentage of patients on ARVs with an undetectable viral load reported in registers in a treatment center or laboratory information system in the last 12 months.	Project archives	Dakar	AD	90%						The project is working with the DLSI to establish a monitoring system for this indicator.
			Kédougou	AD	90%						
		District reports for annual monitoring	Kolda	AD	90%						
			Sédhiou	AD	90%						
			Tamba*	AD	90%						
			Thiès (Mbour)	AD	90%						
			Ziguinchor	AD	90%						
Total	AD	90%									
Sub-Objective 1.2: Linkage between community and facility platforms is strengthened and sustained											
2.7	% of households that have a designated space for hand washing with soap and water used frequently by family members	Demographic and Health Survey Reports Continuous Demographic and Health Survey (DHS-c)	Diourbel	43.80%	49.00%						This indicator was not documented this quarter. It will be documented through the behavioral monitoring survey planned for the end of next quarter.
			Kédougou	52.80%	56.20%						

#	DESCRIPTION OF INDICATORS	SOURCE/ COLLECTION METHOD	REGIONS	BASELINE	ACHIEVEMENTS					Comments	
					FY17 OBJECTIVES	Achieved Q1	Achieved Q2	Achieved Q3	Achieved Q4		Progress
		ESC reports	Kolda	46.50%	51.20%						
			Matam	93.20%	88.60%						
			Saint Louis	94.90%	89.90%						
			Sédhiou	47.00%	51.60%						
			Tambacounda	17.20%	27.80%						
			Total	53.94%	57.15%						

ANNEX 2: SUPERVISION RESULTS OF COMPLIANCE WITH ENVIRONMENTAL MITIGATION AND PROTECTION

	DIOURBEL		KEDOUGOU		KOLDA		SEDHIOU		TAMBA		TOTAL	
	Post	Case	Post	case	Poste	Case	Post	Case	Post	Case	Post	Case
<i>Number of SDPs affected</i>	30	27	9	16	9	30	16	27	29	31	93	131
INFECTION PREVENTION												
Is there a provider in the SDP who received training in the last three years on infection prevention and environmental protection or biomedical waste management?	87%	ND	89%	ND	78%	ND	75%	ND	76%	ND	81%	ND
Is the trained staff member still in the SDP?	100%	ND	100%	ND	100%	ND	100%	ND	100%	ND	81%	ND
Is there a guide on infection prevention and environmental protection? (PIPE)	30%	ND	22%	ND	11%	ND	38%	ND	31%	ND	29%	ND
Is there an employee in charge of biomedical waste management?	93%	96%	89%	100%	44%	83%	88%	85%	90%	77%	86%	87%
Has the employee in charge of biomedical waste management been trained on the risks?	61%	22%	25%	44%	0%	68%	43%	30%	50%	38%	48%	40%
Has the employee in charge of biomedical waste management been equipped with protective equipment? If yes, WHICH?	71%	56%	50%	13%	100%	4%	71%	13%	85%	50%	75%	29%
<i>WHICH?</i>												
Glasses	20%	27%	0%	0%	0%	0%	10%	33%	9%	0%	12%	15%
Gloves	90%	87%	75%	100%	100%	100%	90%	67%	77%	92%	85%	88%
Boots	45%	20%	25%	0%	50%	0%	10%	0%	14%	0%	27%	9%
Mask	60%	53%	25%	0%	100%	0%	40%	67%	41%	17%	50%	36%
Aprons	45%	27%	0%	0%	0%	0%	30%	0%	18%	0%	27%	12%
Is there an employee responsible for supervising biomedical waste management?	87%	ND	44%	ND	67%	ND	75%	ND	72%	ND	74%	ND
Has the employee responsible for supervising biomedical waste management been trained?	81%	ND	100%	ND	67%	ND	92%	ND	100%	ND	88%	ND

	DIOURBEL		KEDOUGOU		KOLDA		SEDHIOU		TAMBA		TOTAL	
Is there small equipment for cleaning sites?	63%	33%	56%	38%	78%	3%	38%	0%	66%	19%	60%	17%
<i>If yes, WHICH?</i>												
Wheelbarrows	42%	44%	60%	0%	43%	0%	33%	ND	26%	33%	38%	27%
Rakes	89%	67%	60%	50%	71%	0%	67%	ND	68%	67%	75%	59%
Shovels	58%	33%	80%	17%	71%	0%	67%	ND	58%	33%	63%	27%
Brooms	16%	44%	20%	67%	43%	0%	33%	ND	16%	17%	21%	41%
Is there equipment for decontamination: 3 plastic basins, including 1 with a lid?	53%	63%	56%	19%	33%	70%	56%	11%	59%	23%	54%	39%
Are there functioning trash cans (step-on trash cans with liner bags and covers) in each room?	43%	48%	44%	19%	67%	20%	31%	7%	41%	32%	43%	26%
Are there functioning trash cans (step-on trash cans with liner bags and covers) in the courtyard, corridors, and entrances?	27%	4%	0%	6%	22%	7%	31%	4%	14%	6%	20%	5%
Are there decontamination and cleaning products?	97%	96%	100%	81%	100%	77%	94%	41%	93%	65%	96%	71%
<i>IF YES, WHICH?</i>												
Chlorine	97%	85%	100%	100%	89%	83%	87%	55%	100%	70%	96%	80%
Liquid soap	93%	100%	100%	92%	100%	83%	100%	82%	100%	60%	98%	84%
Hydro-alcoholic solution	79%	46%	100%	23%	89%	17%	80%	27%	70%	20%	80%	28%
Is there sterilization equipment? IF YES, VERIFY	63%	ND	56%	ND	67%	ND	69%	ND	69%	ND	66%	ND
<i>WHICH?</i>												
Autoclave	63%	ND	40%	ND	0%	ND	36%	ND	40%	ND	43%	ND
Poupinel	53%	ND	60%	ND	100%	ND	91%	ND	70%	ND	70%	ND
Is a suitable container used to store sharps?	90%	70%	100%	69%	100%	97%	88%	48%	90%	77%	91%	73%

	DIOURBEL	KEDOUGOU	KOLDA	SEDHIOU	TAMBA	TOTAL						
Does the facility have a secured interim storage area (accessible only to authorized staff)?	60%	56%	56%	38%	78%	70%	38%	22%	69%	42%	60%	47%
Do the means of biomedical waste transport provide for sufficient security? (Check the means)	37%	26%	33%	25%	44%	40%	56%	19%	69%	32%	51%	29%
Is there a specific location for waste disposal?	97%	100%	100%	88%	100%	100%	94%	89%	100%	84%	98%	92%
Incineration site	38%	30%	0%	25%	33%	10%	7%	37%	17%	19%	22%	24%
Incinerator/Burner	48%	52%	56%	56%	33%	77%	67%	19%	59%	48%	54%	50%
A landfill pit	10%	22%	33%	6%	33%	3%	27%	33%	24%	10%	22%	15%
Where is the waste disposal site located?												
Inside the facility	79%	85%	78%	57%	89%	67%	60%	54%	72%	58%	75%	65%
Right outside the facility	10%	11%	11%	29%	0%	20%	27%	42%	21%	31%	15%	26%
Far from the facility	10%	4%	11%	14%	11%	10%	13%	4%	7%	12%	10%	8%
Are there any traces at the disposal site? (To be checked by investigator)												
Syringes	21%	22%	22%	7%	22%	3%	20%	25%	10%	8%	18%	13%
Sharps waste	24%	22%	11%	14%	11%	3%	33%	25%	10%	12%	19%	15%
Partially treated infectious waste	24%	26%	11%	29%	0%	27%	40%	42%	10%	31%	19%	47%

ANNEX 3: SUMMARY OF RESULTS OF THE INTEGRATION OF FP SERVICES INTO VACCINATION SESSIONS

District	No. of SDPs	No. of sessions	No. of individuals reached			No. of children vac.	No. of PNC consultations	New users of FP methods						Enrollment rate
			M	W	T			PILL	INJECT-ABLE	IMPLANT	IUD	SDM	TOTAL	
KOLDA MEDICAL REGION														
Kolda	18	55	300	2789	3089	2709	400	39	239	112	0	0	390	13.98%
Médina Yoro Foulah	11	72	455	3421	3876	3432	283	18	129	109	5	0	261	7.63%
Vélingara	8	30	84	729	813	1241	337	13	136	58	0	0	207	28.40%
SEDHIOU MEDICAL REGION														
Sédhiou	5	20	42	557	599	760	130	11	78	63	0	0	152	27.29%
Boukiling	10	21	42	610	652	588	252	23	137	109	9	0	278	45.57%
Goudomp	6	9	28	386	414	405	171	2	40	49	0	0	91	23.58%
TAMBACOUNDA MEDICAL REGION														
Kidira	3	9	0	191	191	291	40	1	20	12	0	0	33	17.28%
Makacolibantan	3	9	0	180	180	102	43	0	20	10	1	0	31	17.22%
Tambacounda	3	9	42	233	275	353	23	10	53	55	2	1	120	51.50%
Bakel	4	10	0	661	661	498	135	25	45	41	14	2	125	18.91%
Reference Center/RH*	1	3	2	66	68	38	0	5	2	5	2	0	14	21.21%
DIOURBEL MEDICAL REGION														
Bambey	12	33	24	804	828	1112	153	19	89	12	3	0	123	15.30%

Mbacke	8	36	1	854	855	982	264	69	155	27	5	0	256	29.98%
Touba	3	10	0	216	216	491	162	27	53	20	3	0	103	47.69%
Diourbel	38	47	863	910	1304	233	93	93	62	13	0	0	168	18.46%
TOTAL	133	373	1883	12,607	14,021	13,235	2486	355	1258	695	44	3	2352	18.66%

ANNEX 4: SUMMARY OF SUPERVISION RESULTS OF COMPLIANCE WITH US GOVERNMENT REQUIREMENTS FOR FP

Item	DIOURBEL		KEDOUGOU		KOLDA		SEDHIOU		TAMBA		Overall	
	Post	Hut	Post	Hut	Post	Hut	Post	Hut	Post	Hut	Post	Hut
Number of SDPs affected	30	27	9	16	9	30	16	27	29	31	93	131
Percentage of health facilities that have a "Tiaht poster" or an equivalent poster (1)	60%	48%	78%	31%	78%	63%	56%	41%	55%	42%	61%	47%
Percentage of health facilities in which providers use the "Tiaht poster" or equivalent information documents	83%	44%	78%	38%	89%	93%	63%	26%	79%	39%	78%	50%
Percentage of health facilities in which providers are trained on the Tiaht and other US government legislative regulations and policies regarding FP	83%	56%	78%	38%	89%	60%	63%	11%	79%	32%	78%	40%
Percentage of health facilities in which providers deliver clear and complete information to clients on the various FP methods without encouraging them to accept a particular method of FP during counseling.	93%	67%	100%	69%	100%	97%	88%	30%	97%	65%	95%	66%
Percentage of health facilities in which providers deliver information to clients on the benefits, health risks (including the conditions that would make using the method inadvisable), and known adverse side effects of the FP method during specific counseling	97%	67%	100%	69%	100%	97%	94%	41%	100%	58%	98%	66%

Item	DIOURBEL		KEDOUGOU		KOLDA		SEDHIOU		TAMBA		Overall	
Percentage of health facilities in which there is a range of FP methods to ensure clients make a free choice from among approved methods	97%	74%	89%	56%	89%	93%	100%	37%	93%	65%	95%	66%
Percentage of health facilities where staff receive a bonus payment for achieving FP targets	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Percentage of health facilities where there is a set target or quota for staff for needs other than program planning	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Percentage of health facilities that received equipment purchased by the project for abortion services	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Percentage of health facilities where voluntary sterilization services are available	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%